

CERTIFICATE OF DEATH

REGISTRAR'S NO.

253

BIRTH NO.

OF DEATH ND 34 RESIDENCE 202	1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 10 years		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Yuma		
	C. CITY OR TOWN Yuma		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Somerton		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Yuma General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 202 Somerton Ave.				
DENT ONAL ITA	3. NAME OF DECEASED (TYPE OR PRINT) George		B. (MIDDLE) Henry		C. (LAST) Hunter		4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
	6B. NAME OF SPOUSE Florence Hunter		7. DATE OF BIRTH MONTH DAY YEAR 3 17 1893		8. AGE (IN YEARS LAST BIRTHDAY) 62		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Laborer
	9B. KIND OF BUSINESS OR INDUSTRY Farm		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Hunt. Co., Texas		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 527-16-7237
USE IF ATH A 18)	14A. FATHER'S NAME Sam Irvin Hunter		14B. BIRTHPLACE (STATE OR COUNTRY) Mo.		15A. MOTHER'S MAIDEN NAME Sally Perkins		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		
	16. INFORMANT'S SIGNATURE Florence Hunter		ADDRESS Ariz. General Del., Somerton,		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Dec. 9 1955				
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Coronary Occlusion</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						INTERVAL BETWEEN ONSET AND DEATH
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 27 Nov. 1955, TO 9 Dec. 1955, THAT I LAST SAW THE DECEASED ALIVE ON 8 Dec. 1955, AND THAT DEATH OCCURRED AT 4:20 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE (DEGREE OR TITLE) John R. Kucakowski, M.D.		22B. ADDRESS Somerton, Arizona		22C. DATE SIGNED 12/11/55			
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Natural		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE) Somerton, Yuma, Arizona				
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED				
ERAL CTOR ID TRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Dec. 12, 1955		25C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Yuma, Arizona		
	26A. DATE REC. BY LOCAL REG. 12-11-1955		26B. REGISTRAR'S SIGNATURE Dennis D. Smith, Deputy Registrar		27A. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary		27B. ADDRESS Box 310, Yuma, Ariz.		